## NO. 0896 P. 1/1 APR. 5. 2006 12:49PM PART B - FEE(S) TRANSMITTAL Mail Stop ISSUE FEE Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 APR 0 5 2006 (571) 273-2885 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All suffer correspondence including the Patent, advance orders and notification of maintenance sees will be mailed to the current correspondence address as indicated unless professed below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the indications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 01/26/2006 7590 Connolly Bove Lodge & Hutz LLP Certificate of Molling or Transmission I hereby certify that this Pec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. Box 2207 Wilmington, DE 19899-2207 (Depositor's name) (Signamue) (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 5849 MIDWAY.606 Chin-Chin Chang 09/11/2003 10/660,406 TITLE OF INVENTION: HAND-CONTROLLED CIRCULAR SAW DATE DUE PUBLICATION FEE TOTAL PEE(S) DUE ISSUE FEB SMALL ENTITY APPLN. TYPE \$1000 04/26/2006 \$300 YES \$700 nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 083-471200 3724 ALIE, GHASSEM Charge of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered putent afforceys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OF OCCOMENS CNGUYENI 00000024 032775 10660406 (A) NAME OF ASSIGNEE 01 FC:2501 700.00 DA

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